



Statement for Court Observation

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

Observation Date: _____

CIS Approval: _____

{ } Visual

{ } Spoken

Name: _____

Telephone: _____

Address: _____

Language: _____

SSN No: _____

Court Observation Log

Maintain Log for completion of required twenty-four (24) hours of Court Observation

Date	Judge's Name	County	Observation Hours
Total Hours			

Verification of Court Observation

I hereby state the information on this form is true and correct to the best of my knowledge.

Signature _____ Date _____

Mail to: The Administrative Office of the Courts
Court Interpreting Services Division Bldg. 11
100 Millcreek Park
Frankfort, Kentucky 40601